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Version 6.4.1.1



84/05/2010 16:32		505-428-7174		CITY RECORDS		PAGE 01/01	
MORIS PRISONER DATA REPORT				MORIS# 343202		BPD#	
1. LAST NAME		2. FIRST NAME		3. MIDDLE NAME		4. DOB	
MILLET		ANTHONY				10-069327	
5. ALIAS AND/OR MACHIN NAME		6. AKA		7. B.S.S.#		8. ARREST CUS	
		ANT					
9. HOUSE NO.		10. STREET		11. CITY OR TOWN		12. STATE	
607		BIRCH ST		ROCK		NY	
13. ADDRESS & DATE OF CRIME		14. DATE/TIME AND PLACE OF ARREST		15. ZIP		16. PLACE OF BIRTH, STATE/COUNTRY	
316 ARBOLWOOD LANE		IN CUSTODY AT MCJ		14613		ROCK, NY	
17. ARREST TYPE		18. ARRESTED BY		19. OFFICER(S)		20. PSA OF OCCURRENCE	
<input type="checkbox"/> BENCH WARRANT <input type="checkbox"/> OTHER WARRANT <input checked="" type="checkbox"/> CITIZENS ARREST		<input type="checkbox"/> ON VIO/INVEST <input type="checkbox"/> ON VIO/INVEST <input type="checkbox"/> JOIL OFFENDER		KPD		44	
21. LAW		22. SECTION NO. & SUBS		23. CLASS		24. NAME OF OFFENSE & UITS	
PENAL		155.30-5		E		FEL GRAND LARCENY	
25. NUMBER OF VICTIMS		26. AGE SEX		27. NO. OF OFFENDERS		28. CRIME ORGANIZATION	
1		23/M		1		N/A	
29. WEAPON (on body / reading)		30. AUTO		31. PISTOL PERMIT		32. FORGED INSTRUMENT USED	
<input type="checkbox"/> HANDGUN REVOLVER <input type="checkbox"/> HANDGUN AUTOMATIC <input type="checkbox"/> SAWED OFF		<input type="checkbox"/> AUTO <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> LICENSE <input type="checkbox"/> REMEDIAL CK <input type="checkbox"/> CREDIT CARD	
33. CRIME CONTENT (2 MAX)		34. DRUGS		35. GAMBLING		36. PROPERTY CRIME	
1. ARSON		2. DOMESTIC VIOLENCE		3. FORGERY & FRAUD		4. MURDER	
5. PHYSICAL CRIME		6. PUBLIC ORDER		7. WEAPONS		8. OTHER	
37. ARRESTING OFFICER'S REMARKS (INCLUDE MEDICAL NOTES, INJURIES, CO-DEFENDANTS, DAMAGE TO PUBLIC PROPERTY):							
DEE STOLE A SPACE PHONE AND \$380.00 CASH FROM THE PERSON OF VICTIM							
38. COMPLAINT NAME (PRINT)				39. SIGNATURE (I HAVE ARRESTED THE ABOVE PERSON & TURNED CUSTODY OF THE INDIVIDUAL OVER TO THE POLICE. I AGREE TO APPEAR IN COURT AS DIRECTED.)			
In custody				[Signature]			
40. FOR COMPLETED BY:				41. DOB			
SULLIVAN				10-290			
42. SEARCHED BY				43. IS THIS A FINGERPRINTABLE ARREST?			
OFFICER				YES <input type="checkbox"/> NO <input type="checkbox"/>			
44. DO YOU HAVE REASON TO SUSPECT THAT ARRESTEE IS BEING BOUGHT FOR ANOTHER OFFENSE?				45. HAVE YOU POSITIVELY IDENTIFIED ARRESTEE?			
YES <input type="checkbox"/> NO <input type="checkbox"/> (MUST STATE REASON)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
46. DATE OF BIRTH		47. AGE		48. RACE		49. ETHNICITY	
06/19/92		17		WHITE		AMERICAN INDIAN/ALASKAN NATIVE	
50. HAIR COLOR		51. EYES		52. BUILD		53. BODY ODORS (LOCATION)	
BLOND		BLUE		MEDIUM		1. NECK 2. ARMS 3. LEGS, FEET	
54. HEAD ODORS (LOCATION)		55. TATTOO LOCATIONS		56. EMPLOYER		57. ADDRESS	
1. SCALP 2. EARS 3. NOSE 4. CHEEKS 5. CHIN		1. NECK 2. ARMS 3. HANDS, FINGERS 4. HEAD		940 Nanta St.			
58. EDUCATION		59. OCCUPATION		60. BROTHER'S NAME		61. BROTHER'S ADDRESS	
11		STUDENT		NICKIE CURE		#7	
62. BROTHER'S PHONE		63. BROTHER'S ADDRESS		64. BROTHER'S PHONE		65. BROTHER'S ADDRESS	
#44		#44		#44		#44	
66. RELEASED TO CUSTODY OF		67. DATE		68. RELEASED ON BAIL		69. AMOUNT	
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
70. SODDING DEPUTY'S REMARKS/SIGNATURE & FOR (INCLUDE MEDICAL NOTES INJURIES ETC.)							
PRISONER'S SIGNATURE TO BE PLACED ON REVERSE SIDE OF JAIL COPY							

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